

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs**RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

12 OCT 18 PM 12:23

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

Deb Fischer for US Senate

ADDRESS (number and street)

PO Box 83287

Check if different  
than previously  
reported. (ACC)

Lincoln

CITY

NE

STATE

68508

ZIP CODE

2. FEC IDENTIFICATION NUMBER

**C** C004989073. IS THIS  
REPORT☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)  
and/or Semi-annual Report☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)  
and/or Semi-annual Report☐ July 31 Mid-Year  
Report (Non-election  
Year - PAC/Party) (MY)  
and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)

Election on ☐ / ☐ / ☐ in the State of ☐This report also covers  
the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ / ☐ / ☐ in the State of ☐This report also covers  
the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers ☐ / ☐ / ☐ through ☐ / ☐ / ☐

January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by

Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

39759.86

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT B. EVVEN

Signature of Treasurer

Date

☐ / ☐ / ☐

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3L**

02/2009

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